



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

ILLINOIS SCHOOL BUS DRIVER INSTRUCTOR APPLICATION

FUNDING AND DISBURSEMENTS DIVISION

DIRECTIONS: After attending the annual instructor training in person or viewing it online, please complete the application and submit the original form to the respective regional office of education or intermediate service center.

SPECIAL NOTE: Please do not send your first aid card, application form, or any other materials to the ROE 3 office. All materials should be given to the Regional Office of Education that is certifying you as a school bus driver training instructor.

First time applicant: Yes No

NAME OF APPLICANT (First, Middle Initial, Last Name)		DATE	
HOME ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)	E-MAIL ADDRESS
EMPLOYER'S NAME		EMPLOYER'S TELEPHONE (Include Area Code)	
EMPLOYER'S ADDRESS (Street, City, State, Zip Code)		REGIONAL OFFICE OF EDUCATION	
ANNUAL INSTRUCTOR TRAINING CLASS LOCATION		DATE ATTENDED	

REQUEST FOR STATE CERTIFICATION

I have reviewed and verified that _____ has met all the requirements stated in Title 23, Part 1, Section 1.515 of the Illinois Administrative Code and am seeking certification for this applicant as a state school bus drive training instructor. The Illinois School Bus Driver Training Curriculum is the official document to be used in all initial and refresher school bus drive training classes conducted by this Regional office of Education.

_____ Date

_____ **Original** Signature Regional Superintendent

_____ Regional Office of Education